									Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  /0/8//35											59	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	OF	_	R THAN ENTITY
TOTAL CLAIMS			27	23				. RATE	FEE		RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	OF	BASIC FE	770.00
TOTAL CHARGEABLE CLAIMS			23.	23 minus 20=		· a		XS 9=		OF		-
in	DEPENDENT	U	( minus 3 =		•		X43=		· OR	Yes		
М	ULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT				+145=		OR		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	<u> </u>	OR		
	,			<b>-</b>		OTHER	THAN					
	<del>   10</del>	(Column 1)		(Colum		(Column 3)		SMALI	ENTITY	OR	SMALL	
AMENDMENTA	ומןוט	CLAIMS TEMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	1. 20	Minus	-2	3			X\$ 9=	-	OR	X\$18=	,
AME	Independent	1. 6	Minus		7	1.		X455	200	1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F	<del>100</del>		OR		
	i de la									OR	+290=	1
:	(Column 1) (Column 2) (Column 3)								20	198	ABBIT FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL EEE		MATE	ADDI- TIONAL FEE
	Total.	•	Minus			•		X\$ 9=	2	OR	X\$18=	
ME	Independent	•	Minus	***		8	F	X43=	•		. X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<u> </u>	OR	- 744-	
							Ŀ	145= TOTAL		OR	+290= 101AL	
		* .	•				AD	DIT. FEE		ÒR ,	DOT FEE	
7	<u> </u>	(Column 1)	:	(Column		(Column 3)		•	3	•		
		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		•	Γ,	C\$ 9=		OR	X\$18=	
	Independent	•	Minus			=	-	(43=		_ h		
FIRST-PRESENTATION OF MULTIPLE DEPENDENT CLAIM OH											X86=	
If the entry in column 1 is less than the entry in column 2 write 11 in column 2											+290=	
-8	the "Highest Nur	nber Previously Pal nber Previously Pei	d For IN THIS id For IN THIS	S SPACE is le	ss than	20, enter "20."		TOTAL HT. FEE	السساب		JOYAL DOTT. FEEL	
- ''	· Pugnesi Num	ber Previously Paid	For (Total or	Independent)	is the I	nighest number (	ound i	n the app	ropriate box	in colur	nn 1.	